

**MULTIPLE D. N. T. CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		1		1		
5		0		0		
6		1		1		
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TOTAL IND.	1		1			
TOTAL DEP.		2		2		
TOTAL CLAIMS	1	2	1	2		

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Best Available Copy